

# ATTACHMENT

## Wisconsin Medicaid-Covered Bariatric Surgery Procedures

The following chart shows the Wisconsin Medicaid-covered bariatric surgery procedures. These procedures all require prior authorization.

<b>CPT* Procedure Code</b>	<b>Description</b>
43644**	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)
43645**	with gastric bypass and small intestine reconstruction to limit absorption
43659	Unlisted laparoscopy procedure, stomach [Prior authorization required only for gastric-restrictive or bypass procedures.]
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; with vertical-banded gastroplasty
43843	other than vertical-banded gastroplasty
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
43847	with small intestine reconstruction to limit absorption
43848	Revision of gastric restrictive procedure for morbid obesity (separate procedure)

\*CPT = *Current Procedural Terminology*.

\*\*Effective for dates of service on and after January 1, 2005.